PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000								Application or Decket Number				
CLAIMS AS FILED - PART I									1/6	26	5	1//
TOTAL OI			(Column 1) (Column 2)				SMAL TYPE	LEN	ENTITY		OTHER THAN	
TOTAL CLAIMS							RAT	E	FEE	7	RATI	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OF		
TOTAL CHARGEABLE CLAIMS		İS	minus 20= '				X\$ 9	_		1	 	
INDEPENDENT CLAIMS			minus 3 =				X40		· · · · · · · · · · · · · · · · · · ·	OF	` 	
MULTIPLE DI	EPENDENT CLAIN	M PRESENT	RESENT			1		_	· · ·	OR	X80=	
If the differen	ence in column 1	is less tha	n zero, enter	"O" in	column 0	4	+135	=	• •	OR	+270=	=
					COMMIN 2		TOTA			OR	TOTAL	-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTIT					RTHAN
Total Independe	CLAIMS REMAINING AFTER AMENDMEN		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT		RATE	TI	IDDI- ONAL FEE		RATE	ADDI- TIONA FEE
Total	16	Minus	1.2	0	=6	П	X\$ 9=			OR	X\$18=	
Independe	1 /	Minus	•••	<u>}</u> .	н	1 t	X40=	+			X80=	100
Trinot PAI	ESENTATION OF	MULTIPLE (DEPENDENT (CLAIM		┞		+		OR	<u> </u>	
	•	. 0				L	+135= TOTA			OR	+270=	
	(Column 1)		(Column	- 01	(O-1	ΑŒ	DDIT. FE			OR A	TOTAL DDIT. FEE	
	CLAIMS REMAINING		HIGHES	ST	(Column 3)	Г		ΔΓ	DDI-	r		T 455:
	AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIO	NAL		RATE	ADDI- TIONAL
Total		Minus	**		=		X\$ 9=		EE	<u> </u>	V040	FEE
Independen	1	Minus	***		=	. -		 		OR -	X\$18=	
FIRST PRE	SENTATION OF M	IULTIPLE DE	PENDENT C	LAIM			X40=	 	(OR _	X80=	
:	• .				•	L	135=		c	DR .	+270=	
						ADI	TOTAL DIT. FEE			PR AD	TOTAL DIT. FEE	
	(Column 1) CLAIMS	Property of	(Column		Column 3)						,	
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	R .	PRESENT EXTRA	P	ATE	ADI TION FE	IAL !		RATE	ADDI- TIONAL
Total		Minus	** .	=		X	\$ 9=	1 6		<u>.</u>	(\$18=	FEE
Independent	•	Minus	***	-		-		-	°	``		
IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=			R L	(80=	
the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OF	+ ۱	270=	.
the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE									OF		TOTAL IT. FEE	
e "Highest Nur	mber Previously Paid	For (Total or	Independent) is	s man 3, s the hig	, enter "3." hest number fo	ound in	the appr	opriate	box in	nmulos	11. FEÇ E 11.	
70.000	•											

Application or Decket Number